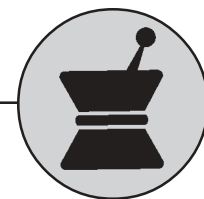


# PRESCRIPTION DRUG PLAN - 2005



Administered by EHS • 1-888-347-5329 • www.ehs.com

## Retail Pharmacy Deductible

\$100/Member  
\$300/Family

## Out-of-Pocket Maximums

Each Prescription \$250  
Each Member \$1,400/year  
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+	• Actual pharmacy charges • 20% coinsurance (\$18 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+	• Actual pharmacy charges • 30% coinsurance (\$26 minimum)	• \$60 copay + 30% of cost over \$400*

\* For prescriptions costing more than \$400 for a 90-day supply, call EHS to determine the total out-of-pocket cost.

## GENERAL INFORMATION

### INSTRUCTIONS

No separate enrollment is required.

### WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all State employees. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

### PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

### SPECIALTY PHARMACY

This program provides assistance and resources for members with special needs who take high dollar oral, intravenous, or injectable medications for conditions such as Multiple Sclerosis, Rheumatoid Arthritis, Cancer, and Hepatitis. Call 1-800-621-4786 for more information.

### LOCAL PHARMACIES

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family deductible. If you use a pharmacy in the EHS Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 28-30 of this booklet or on the EHS website at [www.ehs.com](http://www.ehs.com).

Formulary drug listings can also be found at the EHS website.

### MAIL-ORDER PHARMACIES

You may obtain up to a 90-day supply of all covered prescriptions with no deductible.

Mail-order pharmacies are: Express Pharmacy Services (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail-order forms are available at Employee Benefits or at the EHS Website at [www.ehs.com](http://www.ehs.com).

### PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

### PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact EHS to inquire if this may apply to your prescription.

For information on drug prior authorizations, vacation overrides, or any other questions, call EHS at 1-888-347-5329.

#### Note:

The deductible does not apply to prescriptions received from one of the mail order pharmacies!